

MISSOURI-ST. LOUIS REGIONAL BRAILLE CHALLENGE

St. Louis – February 13, 2019

Sponsored by Missouri School for the Blind

2019 PERMISSION FORM

Must be signed by parental/legal guardian and returned by <u>January 11, 2019</u> to MSB, 3815 Magnolia Ave, St. Louis, MO 63110, Attn: Linda Havlik or by fax to (314) 776-1875. Only contests submitted with a signed permission form attached will be eligible for the Braille Challenge® Finals at Braille Institute®.

Please print le	gal name clearly and	I fill out completely					* Required fields
* Last Name			*	First Name			
* Address						Apt. No	0
* City				* State		* ZIP	
* Birthdate _		* Age	* Grade	* Gender	☐ Male	☐ Female	☐ Decline to Answe
* E-mail				* Telephone			
Adult attending with student					□ TVI	□ P	Parent 🗆 Para
T-Shirt Size	Youth:	☐ X-Small	☐ Small	☐ Medium	☐ Large		
	Adult:	☐ Small	☐ Medium	☐ Large	□ XL	□х	XXL 🗆 XXX
Name of Tea Teacher's Em Regional Coo Mark one. No	cher of the Visually Imnail ordinator Name (if apporte: all contests are in U	<u></u>		Teacher's F	Phone		
(NOT Grade in	ontest Level: o School)	☐ App Grades 1–2	☐ Fresh Grades 3–4		☐ JV Grades 7–9		•
	At Grade Level Or Below Grade Level (BGL) *(If Apprentice BGL Contracted or Uncontracted) dents who take a contest below their academic grade level in school or who take the uncontracted Apprentice contest are not eligible to attend the Finals.						
, ,	•	ri School for the Blind ("MSB") that if my child qualifies, he or		of America, Inc. ("BIA	" ,	•	3
sounds crea display, pub	ted by the above name olication, solicitation or	photograph, videotape, or oth ed contestant (collectively "Rep promotional or educational m ne contestant's heirs, successon	oroductions"). MSB a aterial or on any we	ual, audio, electronic o nd BIA may use or per	mit to be used the	Reproductions in a	any CD, DVD, exhibition,
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